

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
Community Nutrition Programs
Child and Adult Care Food Program

Guidance Memorandum 10C: For Child and Adult Care Food Program Sponsoring Organizations and Independent Centers (Child Care Component)

Topic: Household Contacts

Date: August 2011

NOTE: **Action** is required by Sponsoring Organizations **only** for Guidance Memorandum 10C. It is **for information only** for Independent Centers. Guidance Memorandum 10C **does not apply** to “at-risk” after school hours care sites, outside of school hours centers, or emergency shelters.

Household contacts provide a means of confirming children’s enrollment and attendance in the child care center, which is critical to ensuring the integrity of the monthly CACFP meal reimbursement claim. A household contact is defined as: “a contact made by a sponsoring organization or a State agency to an adult member of a household with a child in a family day care home or a child care center in order to verify the attendance and enrollment of the child and the specific meal service(s) which the child routinely receives while in care” (7 CFR 226.2). In order to be effective the household contact system must help to detect the existence of inflated facility meal counts.

Effective April 1, 2005, the following household contact system should be adhered to by all sponsoring organizations as part of the review and oversight of participating child care centers, and may be used by the Community Nutrition Programs, DPI, in the review and oversight of participating independent child care centers:

Sponsoring organizations should contact households when one or more of the following situations occur:

- 1) Information on the Household Size-Income Statements is not current or has been altered in any fashion, e.g. erased or whited out.
- 2) A significant number of meals are claimed that does not correspond to the information on the enrollment form.
- 3) Monitor/reviewer concerns questioning the validity of the enrollment, attendance, and/or meal service participation of children in care, for example,
 - a) meal counts are inconsistent with attendance records,
 - b) meal counts and attendance are inconsistent with information on the enrollment forms,
 - c) a large number of weekend, night, and/or holiday meals and snacks are claimed, or
 - d) prior days’ meal counts are much higher than attendance on the day of a review;
- 4) Written parent/guardian concerns regarding child enrollment, attendance and/or meal service participation in the child care center;
- 5) Any other claiming pattern(s) and/or Program participation concern(s) as defined by the sponsoring organization and/or DPI.

PROCEDURE

1. A household contact must be made to the family of each enrolled child. The contact must allow the parent/guardian to document, for a test month, whether each child was enrolled in the center, the days each child attended the center, and the meals each child received while in care at the center. Each household must be instructed to submit the information to the sponsoring organization or DPI, as applicable, within two (2) weeks of the request from the sponsoring organization or DPI.
2. The household contact may be in writing, by phone, e-mail, fax, or in person, as long as the contact and the information received from the contact are documented. A sample letter and response form are attached that may be used or adapted. Additional follow-up attempts may be needed if a household does not respond. In that instance, it is recommended that follow-up be by another mode of contact than used on the first attempt.
3. No more than 45 days may elapse from the start of the household contact procedure (date the letters were originally sent/contact originally made to the households) to the closeout of the procedure. At the end of the 45-day period the sponsoring organization or DPI, as applicable, must determine whether the household contact procedure has been successful, defined as a return/contact rate of 50% or more of the surveyed households.

4. A household contact is one of many meaningful tools available to the sponsoring organization or DPI when they need to examine questions raised by an onsite monitoring review or by a review of a claim. If the household contact procedure has not been successful, as defined above, the sponsor or DPI may use other approaches (additional unannounced reviews, more detailed review of claims history, etc.) to investigate and explain the Program concern that was triggered by a review or by a claim.

Unsuccessful contact procedure – Sponsoring organizations: If contact cannot be made with at least one-half of the selected households, meaning the household contact procedure has been determined by the sponsoring organization to be unsuccessful, the sponsoring organization must implement a written plan with a specific effective date to address the Program concern that was triggered by a review or by a claim. The sponsoring organization must document all subsequent action(s) taken in response to an unsuccessful household contact procedure.

Unsuccessful contact procedure – DPI: DPI may take steps to declare an independent center seriously deficient in its operation of the CACFP. However, an unsuccessful household contact will not necessarily result in declaring a center seriously deficient.

Agency Letterhead

Date

Dear Parent/Guardian:

The child care center your child attends participates in the Child and Adult Care Food Program.

By federal regulation, we need to complete household contacts for some centers on our program. Your center has been chosen for a household contact at this time. Completing this information helps us ensure the integrity and quality of the food program.

Please complete the enclosed form as accurately as possible. We have provided a return-addressed stamped envelope for you to send the completed form back to us. If there are any discrepancies between the information you submit and what the center reports, the center will be contacted. It is possible we would have to do a follow-up telephone call to you for further information.

If you have any questions about the Child and Adult Care Food Program or the enclosed form, please call our office at (XXX) XXX-XXXX.

Sincerely,

Name
Title

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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HOUSEHOLD CONTACT FOR CHILD CARE CENTER

CENTER NAME _____

CHILD'S NAME _____

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

Is your child currently enrolled in the above child care center? Yes _____ No _____

If no, when was the last date your child attended this center? _____

Please circle the dates your child was in care during the month of _____.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Please circle the hours your child was usually in care during this month.

AM	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	12
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Please circle the meals your child received while in care.

Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack
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Please describe any variation from the circled meals or times during the month:

If your child is under 1 year, were you offered formula by the center? _____

Do you provide breastmilk? _____ Who supplies the formula? _____

Are all other infant foods provided by the child care center? _____

If not, what foods do you provide for your infant? _____

Parent/Guardian Signature _____ Date _____

Telephone number where you can be reached during the day _____

Thank you for helping improve the quality of the Child and Adult Care Food Program!